

Student Information Survey

Name _____

Grade _____ Age _____

Are you enrolled in any other science class? _____

If yes, which one & who is your teacher? _____

After School Activities _____
(clubs/sports)

Non-school related Interests/Hobbies _____

Future career plans? _____

Classroom seating preference? [Circle] front, middle, back, doesn't matter

Do you wear glasses or contacts? _____ Are you colorblind? _____

Do you have Internet access at home? _____

Do you speak a language other than English at home? _____

If yes, what language(s)? _____

Last year's science teacher & final grade? _____

If you're confused, how likely are you to raise your hand & ask for help? [Circle] very, maybe, never

When it comes to reading, I would rate myself as a(n) [circle] strong, average, struggling reader.

During lab or group work, I would describe myself as a: [Check one]

_____ Leader – I tend to take charge & will either do the work myself or direct others too.

_____ Worker – I will participate & do my part, but prefer that someone else takes charge.

_____ Observer – I tend not to participate & simply watch while others do most of the work.

Have you always lived in Dublin, OH? _____ If not, where else have you lived & how/why did you end up moving to Dublin?



My greatest **personal** strength is _____

My biggest **personal** weakness or fear is _____

The problem I'd most like to eliminate from Earth is _____

What are your **strengths as a student**?

What are your **weaknesses as a student**?

Complete the following statement by listing 3 things about yourself that you've NOT already been asked on this survey.

If you knew me, you'd know that I...

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